

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JD</i>		<i>1-30-01</i>
O.I.P.E. CLASSIFIER		<i>13</i>	<i>1-13-01</i>
FORMALITY REVIEW	<i>A.S.</i>	<i>943</i>	<i>1-16-02</i>
RESPONSE FORMALITY REVIEW	<i>AS</i>	<i>TC906</i>	<i>03/19/02</i>

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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5/15  
 7/17  
 804  
 631.9